

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address RON BENDER (SBN 143364) JULIET Y. OH (SBN 211414) LEVENE, NEALE, BENDER, YOO & BRILL L.L.P. 10250 Constellation Boulevard, Suite 1700 Los Angeles, California 90067 Telephone: (310) 229-1234 Facsimile: (310) 229-1244 Email: RB@LNBYB.COM; JYO@LNBYB.COM  <input type="checkbox"/> Individual appearing without attorney <input checked="" type="checkbox"/> Attorney for Debtor	FOR COURT USE ONLY
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION</b>	
In re:  THE SOURCE HOTEL, LLC, a California limited liability company,   <div style="text-align: right;">Debtor(s)</div>	CASE NO.: 8:21-bk-10525-ES CHAPTER: 11  <div style="text-align: center; padding: 20px;"> <b>SUMMARY OF AMENDED SCHEDULES, MASTER MAILING LIST, AND/OR STATEMENTS [LBR 1007-1(c)]</b> </div>

A filing fee is required to amend Schedules D or E/F (see [Abbreviated Fee Schedule](http://www.cacb.uscourts.gov) on the Court's website [www.cacb.uscourts.gov](http://www.cacb.uscourts.gov)). A supplemental master mailing list (do not repeat any creditors on the original) is required as an attachment if creditors are being added to the Schedule D or E/F.

Are one or more creditors being added? ☐ Yes ☒ No

The following schedules, master mailing list or statements (check all that apply) are being amended:

- ☐ Schedule A/B   
 ☐ Schedule C   
 ☐ Schedule D   
 ☒ Schedule E/F   
 ☐ Schedule G  
☐ Schedule H   
 ☐ Schedule I   
 ☐ Schedule J   
 ☐ Schedule J-2   
 ☐ Statement of Financial Affairs  
☐ Statement About Your Social Security Numbers   
☐ Statement of Intention   
☐ Master Mailing List  
☒ Other (*specify*) List of Equity Security Holders

I/we declare under penalty of perjury under the laws of the United States that the amended schedules, master mailing list, and or statements are true and correct.

Date: 05/18/2021

\_\_\_\_\_  
Debtor 1 Signature

\_\_\_\_\_  
Debtor 2 (Joint Debtor) Signature (if applicable)

**NOTE:** It is the responsibility of the Debtor, or the Debtor's attorney, to serve copies of all amendments on all creditors listed in this Summary of Amended Schedules, Master Mailing List, and/or Statements, and to complete and file the attached Proof of Service of Document.

**United States Bankruptcy Court  
Central District of California - Santa Ana**

In re The Source Hotel, LLC

Debtor(s)

Case No. 8:21-bk-10525-ES  
Chapter 11

**LIST OF EQUITY SECURITY HOLDERS - AMENDED**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Beach Orangethorpe Hotel III, LLC P.O. Box 489 Buena Park, CA 90621	Preferred	29	Series 2 Membership Units
DMC Investment Holdings, LLC		100	Series 1 Membership Units

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Manager of Sole Member of Debtor** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date May 18, 2021

Signature

  
Donald Chae

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**Fill in this information to identify the case:**

Debtor name **The Source Hotel, LLC**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) **8:21-bk-10525-ES**

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	<p>Priority creditor's name and mailing address</p> <p><b>County of Orange</b> <b>Dept. of Treasurer &amp; Tax Collector</b> <b>P.O. Box 1438</b> <b>Santa Ana, CA 92702-1438</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>For Notice Purposes Only</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<b>\$0.00</b>	<b>\$0.00</b>
2.2	<p>Priority creditor's name and mailing address</p> <p><b>Franchise Tax Board</b> <b>Bankruptcy Section, MS: A-340</b> <b>P.O. Box 2952</b> <b>Sacramento, CA 95812-2952</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>For Notice Purposes Only</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<b>\$0.00</b>	<b>\$0.00</b>

Debtor	<b>The Source Hotel, LLC</b> <small>Name</small>	Case number (if known)	<b>8:21-bk-10525-ES</b>
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2.3	Priority creditor's name and mailing address <b>Internal Revenue Service (IRS)</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b> <b>\$0.00</b>
	Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>For Notice Purposes Only</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.4	Priority creditor's name and mailing address <b>State Board of Equalization</b> <b>Account Info Group, MIC:29</b> <b>P.O. Box 942879</b> <b>Sacramento, CA 94279-0029</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b> <b>\$0.00</b>
	Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>For Notice Purposes Only</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			<b>Amount of claim</b>
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3.1	Nonpriority creditor's name and mailing address <b>Ace Tek Roofing Co.</b> <b>747 S. Ardmore Ave., Suite 405</b> <b>Los Angeles, CA 90005</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Vendor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$76,968.00</b>
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3.2	Nonpriority creditor's name and mailing address <b>Alcal Specialty Contracting Inc.</b> <b>4589 Firestone Blvd.</b> <b>South Gate, CA 90280</b>  Date(s) debt was incurred <u>5/6/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Vendor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,025.90</b>
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3.3	Nonpriority creditor's name and mailing address <b>All Area Plumbing</b> <b>6265 San Fernando Road</b> <b>Glendale, CA 91201</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Vendor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,185.00</b>
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Debtor <u>The Source Hotel, LLC</u> <small>Name</small>	Case number (if known) <u>8:21-bk-10525-ES</u>
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3.4	Nonpriority creditor's name and mailing address <b>American Engineering Laboratories</b> <b>P.O. Box 1816</b> <b>Whittier, CA 90609</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$6,525.00</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	Nonpriority creditor's name and mailing address <b>AT&amp;T</b> <b>P.O. Box 5025</b> <b>Carol Stream, IL 60197-5025</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$345.10</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address <b>Buchanan Company, Inc.</b> <b>5500 Bolsa Avenue, Ste. 200</b> <b>Huntington Beach, CA 92649</b>  Date(s) debt was incurred <u>7/14/2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$5,344.06</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address <b>Cabrillo Hoist</b> <b>P.O. Box 3179</b> <b>Rancho Cucamonga, CA 91729</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$226,301.50</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address <b>Chase Card Services</b> <b>P.O. Box 94014</b> <b>Palatine, IL 60094-4014</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$78.20</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Credit Card</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address <b>Chase Card Services</b> <b>P.O. Box 94014</b> <b>Palatine, IL 60094-4014</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$656.13</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Credit Card</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	Nonpriority creditor's name and mailing address <b>Chefs Toys</b> <b>18430 Pacific Street</b> <b>Fountain Valley, CA 92708</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$57,273.24</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	The Source Hotel, LLC <small>Name</small>	Case number (if known)	8:21-bk-10525-ES
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Diablo Consulting</b> <b>13200 Crossroads Parkway N</b> <b>Ste. 115</b> <b>City of Industry, CA 91746</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$84,625.01</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Vendor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>DKY Architects</b> <b>15375 Barranca Pkwy.</b> <b>Suite A-210</b> <b>Irvine, CA 92618</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$20,835.50</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Vendor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Evergreen Electric Construction</b> <b>629 Grove View Lane</b> <b>La Canada, CA 91011</b> Date(s) debt was incurred <u>7/30/2020</u> Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$528,260.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Ficcadenti Waggoner and Castle</b> <b>16969 Von Karman Avenue</b> <b>Suite 240</b> <b>Irvine, CA 92606</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$8,800.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Vendor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Gene Fong Associates</b> <b>1130 Westwood Blvd.</b> <b>Los Angeles, CA 90024</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>For Notice Purposes Only</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Greenland Construction Service, LLC</b> <b>6940 Beach Blvd.</b> <b>Buena Park, CA 90621</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>For Notice Purposes Only</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Harbor All Glass &amp; Mirror, Inc.</b> <b>1926 Placentia Ave.</b> <b>Costa Mesa, CA 92627</b> Date(s) debt was incurred <u>8/9/2019</u> Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$165,166.11</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <u>The Source Hotel, LLC</u> Name _____	Case number (if known) <u>8:21-bk-10525-ES</u>
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3.18	Nonpriority creditor's name and mailing address <b>Hill Crane Service, Inc.</b> <b>3333 Cherry Avenue</b> <b>Long Beach, CA 90807</b> Date(s) debt was incurred <u>3/17/2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>Unknown</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address <b>Hirsch Bedner Associates</b> <b>3216 Nebraska Avenue</b> <b>Santa Monica, CA 90404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$109,290.98</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address <b>Interstate-RIM Management Company</b> <b>c/o Interstate Hotels &amp; Resorts</b> <b>4501 N. Fairfax Drive, Ste. 500</b> <b>Arlington, VA 22203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$175.00</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address <b>Kim &amp; Lee, LLP</b> <b>2305 W 190th St</b> <b>Torrance, CA 90504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$3,900.00</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address <b>KS Steel Corp.</b> <b>1748 Industrial Way</b> <b>Los Angeles, CA 90023</b> Date(s) debt was incurred <u>3/3/2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$21,195.00</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address <b>L2 Specialties</b> <b>3613 W. Macarthur Blvd., #611</b> <b>Santa Ana, CA 92704</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$10,440.00</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	Nonpriority creditor's name and mailing address <b>LimNexus, LLP</b> <b>707 Wilshire Blvd., 46th Floor</b> <b>Los Angeles, CA 90017-2570</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$2,474.00</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <u>The Source Hotel, LLC</u> <small>Name</small>	Case number (if known) <u>8:21-bk-10525-ES</u>
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3.25	Nonpriority creditor's name and mailing address <b>Master Glass</b> <b>2225 W. Pico Blvd., Unit C</b> <b>Los Angeles, CA 90006</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$19,200.00</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.26	Nonpriority creditor's name and mailing address <b>Mirrors Showers &amp; Wardrobes, Inc.</b> <b>26121 Avenue Hall</b> <b>Valencia, CA 91355</b>  Date(s) debt was incurred <u>7/17/2019</u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>Unknown</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	Nonpriority creditor's name and mailing address <b>Morrow Meadows</b> <b>231 Benton Court</b> <b>City of Industry, CA 91789</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$69,213.01</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address <b>Nemo &amp; Rami, Inc.</b> <b>1930 W. Holt Ave.</b> <b>Pomona, CA 91768</b>  Date(s) debt was incurred <u>1/21/2020</u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$35,680.66</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	Nonpriority creditor's name and mailing address <b>Newgens, Inc.</b> <b>14241 Foster Road</b> <b>La Mirada, CA 90638</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$413,601.12</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address <b>OJ Insulation LP</b> <b>600 S Vincent Ave.</b> <b>Azusa, CA 91702</b>  Date(s) debt was incurred <u>1/3/2020</u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$25,448.00</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address <b>OMB Electrical Engineers, Inc.</b> <b>8825 Research Drive</b> <b>Irvine, CA 92618</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><u>\$900.00</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor <u>The Source Hotel, LLC</u>		Case number (if known) <u>8:21-bk-10525-ES</u>
Name		
3.32	Nonpriority creditor's name and mailing address <b>Salamander Fire Protection, Inc</b> <b>6103 Tyrone Street</b> <b>Van Nuys, CA 91401</b> Date(s) debt was incurred <u>9/4/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$55,599.99</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33	Nonpriority creditor's name and mailing address <b>Sky Rider Equipment Co., Inc.</b> <b>1180 North Blue Gum Street</b> <b>Anaheim, CA 92806</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$5,400.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address <b>So. Cal. Edison Co.</b> <b>P.O. Box 600</b> <b>Rosemead, CA 91771-0001</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$28.31</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address <b>So. Cal. Edison Co.</b> <b>P.O. Box 600</b> <b>Rosemead, CA 91771-0001</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$1,714.72</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address <b>Stumbaugh &amp; Associates, Inc.</b> <b>3303 N. San Fernando Blvd</b> <b>Burbank, CA 91504</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$33,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address <b>Swinerton Builders</b> <b>865 S. Figueroa, Suite 3000</b> <b>Los Angeles, CA 90017</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address <b>Universal Flooring Systems</b> <b>15573 Commerce Lane</b> <b>Huntington Beach, CA 92649</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$12,282.60</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **The Source Hotel, LLC**  
Name

Case number (if known) **8:21-bk-10525-ES**

<p><b>3.39</b> Nonpriority creditor's name and mailing address  <b>WESCO Distribution Inc.</b>  <b>6251 Knott Avenue</b>  <b>Buena Park, CA 90620</b>          Date(s) debt was incurred ____          Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$108,209.02</b>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed          Basis for the claim: <b>Vendor</b>          Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
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<p><b>3.40</b> Nonpriority creditor's name and mailing address  <b>Western Concrete Pumping</b>  <b>2181 La Mirada Drive</b>  <b>Vista, CA 92081</b>          Date(s) debt was incurred <b>11/10/2020</b>          Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$9,544.23</b>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed          Basis for the claim: <b>Vendor (Expired Mechanic's Lien)</b>          Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Alcal Specialty Contracting, Inc.</b> <b>946 N. Market Blvd.</b> <b>Sacramento, CA 95834</b>	Line <b>3.2</b> <input type="checkbox"/> Not listed. Explain ____	—
4.2	<b>Angelo &amp; White, APC</b> <b>610 Newport Center Drive, Suite 120</b> <b>Newport Beach, CA 92660</b>	Line ____ <input type="checkbox"/> Not listed. Explain ____	—
4.3	<b>County of Orange</b> <b>Dept. of Treasurer &amp; Tax Collector</b> <b>601 North Ross Street, CAS Mailroom</b> <b>Santa Ana, CA 92701-4091</b>	Line <b>2.1</b> <input type="checkbox"/> Not listed. Explain ____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1	5a. \$ <b>0.00</b>
5b. Total claims from Part 2	5b. + \$ <b>2,148,685.39</b>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <b>2,148,685.39</b>

**SUPPLEMENTAL MASTER MAILING LIST**

Creditor Removed from Schedule F:

Beach Orangethorpe Hotel III, LLC  
P.O. Box 489  
Buena Park, CA 90621